

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Baxter Healthcare Political Action Committee

ADDRESS (number and street)

1501 K Street, NW

☒Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00117838

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2007

through

02

28

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sarah Creviston

Signature of Treasurer

Electronically Filed by Sarah Creviston

Date

03

19

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 2 | 0 | 1 | 2 | 0 | 0 | 7 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 2 | 2 | 8 | 2 | 0 | 0 | 7 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2007 | | 43802.52 |
| (b) Cash on Hand at Beginning of Reporting Period | 53179.48 | |
| (c) Total Receipts (from Line 19) | 9339.98 | 18716.94 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 62519.46 | 62519.46 |
| 7. Total Disbursements (from Line 31) | 1000.00 | 1000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 61519.46 | 61519.46 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 2 | 0 | 1 | 2 | 0 | 0 | 7 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 2 | 2 | 8 | 2 | 0 | 0 | 7 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 7139.30 | 11646.83 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 2200.68 | 7070.11 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➡ | 9339.98 | 18716.94 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡ | 9339.98 | 18716.94 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 9339.98 | 18716.94 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 9339.98 | 18716.94 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | 0.00 | 0.00 |
| (i) Federal Share..... | | | |
| (ii) Non-Federal Share..... | | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | | 1000.00 | 1000.00 |
| 24. Independent Expenditure (use Schedule E) | | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | | 0.00 | 0.00 |
| 27. Loans Made..... | | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | | 0.00 | 0.00 |
| (b) Political Party Committees | | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | | 0.00 | 0.00 |
| 29. Other Disbursements..... | | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | | 0.00 | 0.00 |
| (ii) "Levin" Share | | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | | 1000.00 | 1000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | | 1000.00 | 1000.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 9339.98 | 18716.94 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 9339.98 | 18716.94 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Joy A Amundson

Mailing Address 110 W. Onwentsia Road

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
CVP, Pres BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31090

Amount of Each Receipt this Period

390.00

Receipt

Payroll Deduction: (195.0-
0/Pay Period)

B. Full Name (Last, First, Middle Initial)

Donald Baker

Mailing Address 286 Whitworth

City State Zip Code
 Thousand Oaks CA 91360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP II, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.32

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31113

Amount of Each Receipt this Period

121.16

Receipt

Payroll Deduction: (60.58-
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Michael J Baughman

Mailing Address 5343 N Lakewood Avenue

City State Zip Code
 Chicago IL 60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
CVP, Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31119

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

SUBTOTAL of Receipts This Page (optional)

711.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Kim Bush | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7 |
| Mailing Address 7814 Crownhurst Dr | | Transaction ID: 0319200733C31221 |
| City State Zip Code Mc Lean VA 22102-1445 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Baxter Healthcare | Occupation President IV | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Edward Conrad | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7 |
| Mailing Address 113 S Waverly Pl | | Transaction ID: 0319200732C31117 |
| City State Zip Code Mt Prospect IL 60056 | Amount of Each Receipt this Period 119.06 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Baxter International Inc. | Occupation Dir, Tax | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 238.12 | |
| | | Payroll Deduction: (59.53- /Pay Period) |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Sarah Creviston | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7 |
| Mailing Address 717 North Maple Ave. | | Transaction ID: 0319200732C31110 |
| City State Zip Code Palatine IL 60067 | Amount of Each Receipt this Period 180.00 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Baxter Healthcare Corpora- tion | Occupation VP, Government Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 331.36 | |
| | | Payroll Deduction: (90.00- /Pay Period) |

SUBTOTAL of Receipts This Page (optional)

799.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

| | | | |
|--|--|--|---|
| A. Full Name (Last, First, Middle Initial) Robert M Davis Mailing Address 21515 Hummingbird Court City State Zip Code Kildeer IL 60047 FEC ID number of contributing federal political committee. C Name of Employer Baxter International Inc. Occupation CVP, Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 461.52 | | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7 Transaction ID: 0319200732C31120 Amount of Each Receipt this Period 230.76 Receipt Payroll Deduction: (115.3- 8/Pay Period) |
| B. Full Name (Last, First, Middle Initial) Kevin Freeman Mailing Address 832 Foxmoor Lane City State Zip Code Lake Zurich IL 60047 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Occupation VP I, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 235.83 | | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7 Transaction ID: 0319200732C31083 Amount of Each Receipt this Period 121.74 Receipt Payroll Deduction: (60.87- /Pay Period) |
| C. Full Name (Last, First, Middle Initial) Valery E Gallagher Mailing Address 400 Cross Arm Drive City State Zip Code Grayslake IL 60030 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Occupation Dir, State Govt Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 237.68 | | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7 Transaction ID: 0319200732C31098 Amount of Each Receipt this Period 122.30 Receipt Payroll Deduction: (61.15- /Pay Period) |

SUBTOTAL of Receipts This Page (optional)

474.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James Gatling

Mailing Address 3704 Lindsay Ln

City State Zip Code
 Crystal Lake IL 60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
CVP, Global Manufacturing Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.16

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31067

Amount of Each Receipt this Period

273.08

Receipt

Payroll Deduction: (136.5-
4/Pay Period)

B.

Full Name (Last, First, Middle Initial)

John Greisch

Mailing Address 2636 Chesapeake Lane

City State Zip Code
 Northbrook IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
CVP, President - International

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31132

Amount of Each Receipt this Period

440.00

Receipt

Payroll Deduction: (220.0-
0/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Irene Jakimcius

Mailing Address 2208 Wesley Ave.

City State Zip Code
 Evanston IL 60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.06

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31123

Amount of Each Receipt this Period

144.24

Receipt

Payroll Deduction: (72.12-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

857.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Kamienski

Mailing Address 6312 N Keating

City State Zip Code
 Chicago IL 60646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP II, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.88

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31069

Amount of Each Receipt this Period

100.94

Receipt

Payroll Deduction: (50.47-
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Marie G Kissel

Mailing Address 1 Baxter Pkwy c/o Gerald Lema

City State Zip Code
 Deerfield IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter World Trade Corpora-
tion

Occupation
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.92

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31133

Amount of Each Receipt this Period

138.46

Receipt

Payroll Deduction: (69.23-
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Edward A Langan

Mailing Address 1605 Highland Avenue

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP II, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31057

Amount of Each Receipt this Period

150.00

Receipt

Payroll Deduction: (75.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

389.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
Susan R Lichtenstein

Mailing Address 1257 W Wrightwood Ave

City State Zip Code
Chicago IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
CVP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.92

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31121

Amount of Each Receipt this Period

378.46

Receipt

Payroll Deduction: (189.2-
3/Pay Period)

B. Full Name (Last, First, Middle Initial)
Matthew Lykken

Mailing Address 421 North Wheaton Ave

City State Zip Code
Wheaton IL 60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
VP, Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.84

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31130

Amount of Each Receipt this Period

101.92

Receipt

Payroll Deduction: (50.96-
/Pay Period)

C. Full Name (Last, First, Middle Initial)
Brian W Magerkurth

Mailing Address 4218 Third Street Lane NW

City State Zip Code
Hickory NC 28601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP II, Global Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.04

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31092

Amount of Each Receipt this Period

110.52

Receipt

Payroll Deduction: (55.26-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

590.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeanne K Mason

Mailing Address 1 Baxter Parkway DF 1-2E

City State Zip Code
 Deerfield IL 60015

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter International Inc.Occupation
CVP, HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.40

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31126

Amount of Each Receipt this Period

307.70

Receipt

Payroll Deduction: (153.8-
5/Pay Period)

Full Name (Last, First, Middle Initial)

B. Kevin Mcculloch

Mailing Address 730 Greenwood Avenue

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
General Manager III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31106

Amount of Each Receipt this Period

115.38

Receipt

Payroll Deduction: (57.69-
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Bruce McGillivray

Mailing Address 151 Ridge Lane

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
CVP, President Renal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.48

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31101

Amount of Each Receipt this Period

269.24

Receipt

Payroll Deduction: (134.6-
2/Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶

692.32

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Frank Monteleone
 Mailing Address 4620 Forest Edge Lane

City State Zip Code
 Long Grove IL 60047

FEC ID number of contributing federal political committee.

C

Name of Employer
 Baxter Healthcare Corpora-
 tion

Occupation
 VP, Baxter IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.84

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31108

Amount of Each Receipt this Period

130.92

Receipt

Payroll Deduction: (65.46-
 /Pay Period)

B. Full Name (Last, First, Middle Initial)
 Robert L Parkinson
 Mailing Address 1332 Edgewood Lane

City State Zip Code
 Northbrook IL 60062

FEC ID number of contributing federal political committee.

C

Name of Employer
 Baxter International Inc.

Occupation
 Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.16

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31129

Amount of Each Receipt this Period

923.08

Receipt

Payroll Deduction: (461.5-
 4/Pay Period)

C. Full Name (Last, First, Middle Initial)
 Shannon W. Penberthy
 Mailing Address 3214 Porter Street, NW

City State Zip Code
 Washington DC 20008

FEC ID number of contributing federal political committee.

C

Name of Employer
 Baxter Healthcare Corpora-
 tion

Occupation
 Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31093

Amount of Each Receipt this Period

160.00

Receipt

Payroll Deduction: (80.00-
 /Pay Period)

SUBTOTAL of Receipts This Page (optional)

1214.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

| | | | |
|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) Carla Pittman Mailing Address 5720 Shenandoah Avenue City State Zip Code Los Angeles CA 90056 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation Sr Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 207.00 | | | Date of Receipt MM / DD / YYYY 02 / 09 / 2007 Transaction ID: 0319200732C31102 Amount of Each Receipt this Period 103.50 Receipt Payroll Deduction: (51.75- /Pay Period) |
| B. Full Name (Last, First, Middle Initial) Roibin Ryan Mailing Address 1419 W Berteau City State Zip Code Chicago IL 60613 FEC ID number of contributing federal political committee. C Name of Employer Baxter International Inc. Occupation Deputy General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 346.16 | | | Date of Receipt MM / DD / YYYY 02 / 09 / 2007 Transaction ID: 0319200732C31124 Amount of Each Receipt this Period 173.08 Receipt Payroll Deduction: (86.54- /Pay Period) |
| C. Full Name (Last, First, Middle Initial) Chandra Sekhar Mailing Address 1621 Mission Hills Rd Unit 211 City State Zip Code Northbrook IL 60062 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation VP II, Mfg Strategic Planning Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.08 | | | Date of Receipt MM / DD / YYYY 02 / 09 / 2007 Transaction ID: 0319200732C31058 Amount of Each Receipt this Period 102.04 Receipt Payroll Deduction: (51.02- /Pay Period) |
| SUBTOTAL of Receipts This Page (optional) ▶ | | | 378.62 |
| TOTAL This Period (last page this line number only) ▶ | | | |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Daniel Tasse

Mailing Address 95 Spring Street

City State Zip Code
 New Providence NJ 07974

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
General Manager IV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31091

Amount of Each Receipt this Period

216.34

Receipt

Payroll Deduction: (108.1-
7/Pay Period)

B. Full Name (Last, First, Middle Initial)

Karenann Terrell

Mailing Address 914 Queens Lanes

City State Zip Code
 Glenview IL 60025

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter International Inc.Occupation
CVP, Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31125

Amount of Each Receipt this Period

384.62

Receipt

Payroll Deduction: (192.3-
1/Pay Period)

C. Full Name (Last, First, Middle Initial)

Onelia Vera-littrell

Mailing Address 619 Oleander Drive

City State Zip Code
 Hallandale FL 33009

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Asst General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.60

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31109

Amount of Each Receipt this Period

180.76

Receipt

Payroll Deduction: (90.38-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

781.72

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cheryl White

Mailing Address 4069 Mayfield Street

City

Newbury Park

State

CA

Zip Code

91320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

CVP, Quality

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 7

Transaction ID: 0319200732C31114

Amount of Each Receipt this Period

250.00

Receipt

Payroll Deduction: (125.0-
0/Pay Period)

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

7139.30

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Richard Burr Committee

Mailing Address PO Box 5928

City
Winston Salem

State
NC

Zip Code
27113-

Purpose of Disbursement

Candidate Name
RICHARD M BURR

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: 0213200730E758

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00